

LUMMI COMMERCIAL COMPANY

EMPLOYMENT APPLICATION

2751 Haxton Way #1, Bellingham, WA 98226, T: (360)758-4223 F: (360)758-2573

RETUR TO HR EMAIL: Applications@lcc-lummi.com

Please include a Cover Letter and Resume along with this Application.

Please Type or Print. Answer all questions fully and accurately. Your Application will not be considered if Incomplete, Unsigned, or Returned after advertised Closing Date.			
Name:			
Please list any aliases, previous name, nickname, other name change legal or otherwise			
Address (Street, PO Box):		City:	State:
			Zip Code:
How long at this residence:		If less than 1 year provide other addresses:	
Phone No:		E-mail Address:	
Valid WA driver's license: <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you legally permitted to work in this country: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you Enrolled in a Federally Recognized Native American Nation/Tribe:		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, you must provide official enrollment verification to qualify for Native Preference. Attach Enrollment Card.			
Name of Tribe/Nation:		Are you a Lummi Fisherman: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Enrollment No:		Are you an American Veteran: <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, provide Branch, service dates, & discharge type:			
Have you ever been fingerprinted: If yes, list reason:		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever been convicted of any offense(s):		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Include all offenses where you have been found guilty, pled guilty or no contest. Leave out traffic fines of less than \$50.00. FAILURE TO DISCLOSE WILL RESULTS IN LOST EMPLOYMENT OPPORTUNITY. (Feel free to attach docs)			
POSITION APPLYING FOR: Specify Job Title & Location			
1)	2)	3)	YRS Exper:
CASHIER Addendum Questions: (Answer if applying to work in any of our stores.)			
Are you over 18: <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you able to lift 40 pounds unassisted: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you over 21: <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you able to stand for long periods: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have or are you capable of obtaining a Food Handler's Permit within 90 days:		<input type="checkbox"/> Yes <input type="checkbox"/> No	
When are you available for work:		<input type="checkbox"/> Anytime <input type="checkbox"/> DAY Shift <input type="checkbox"/> SWING Shift <input type="checkbox"/> Graveyard Shift	
<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time	<input type="checkbox"/> On-Call	<input type="checkbox"/> Weekends <input type="checkbox"/> Seasonal <input type="checkbox"/> Cove
<input type="checkbox"/> Mini Mart	<input type="checkbox"/> 260 Grocery	<input type="checkbox"/> 260 Truck Stop	<input type="checkbox"/> 260 Fine Spirits <input type="checkbox"/> Skippers <input type="checkbox"/> Loomis Trail
Years of Experience:		Expected Salary:	
EDUCATION			
(Provide Copies of Transcripts or Diploma)			
Type of School	Name and State	Years Completed	Graduated Y/N
High School			
Vocational/Trade			
College/University			
Type of Degree Obtained <input type="checkbox"/> Associates <input type="checkbox"/> BA <input type="checkbox"/> MA <input type="checkbox"/> PHD <input type="checkbox"/> Other _____			
What is your Degree in:			
Please provide any additional knowledge, skills, qualifications that you may have, and any professional organizations, which you belong to that, are relative to the position(s) you are currently applying for.			
Must list 3 references that can be contacted for verification. (Professional who can verify your work abilities.)			
Name	Title	Company	Phone Number/Email
HR Use Only			
Date Received:		Received from:	
		Entered into Database:	

Family Members Name	Position/Title	Relationship
EMPLOYMENT HISTORY: (Please List Present or Last Position First) Provide work history for last 5 years. If unemployed or in school please list. Supplemental sheet available.		
Name of Employer	Position/Title	Dates of Employment
Supervisors Name	Phone Number	Beginning Rate of Pay
		Ending Rate of Pay
Explain in Detail your duties		
What do/did you enjoy <u>most</u> about this position:		What do/did you enjoy <u>least</u> about this position:
Explain why you left this position or why you wish to leave current position		
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Supervisors Name	Phone Number	Beginning Rate of Pay
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<div>Agreement and Declarations</div> <div>Please Read the Following Prior to Signing Application</div> <p>I certify that the statements made in this application are correct and complete to the best of my knowledge.</p> <p>I understand that false or misleading information may result in termination of my employment.</p> <p>I authorize the LCC Human Resources Department to verify any of the statements, employment/education information provided and to solicit information desire in connection with this application. I hereby release said organizations, companies and individuals from all liability for any damage for issuing this information. I understand that all positions are subject to criminal background investigation.</p> <p>If accepted for employment with the LCC, I agree to abide by all of the LCC Policies and Procedures.</p> <p>I understand that any false statements made by me may be considered sufficient cause for cancellation of any opportunity to work for the LCC and/or dismissal if already employed.</p> <p>I understand that if I owe the Lummi Nation or any of its entities an account receivable or other debt, I must make arrangements to pay this debt to be considered for a position with the Lummi Nation. The HR Department must receive from the LIBC Accounting Dept. a written statement stating I have made arrangements to repay my debt.</p> <p>I understand that THE LCC IS A DRUG FREE WORKPLACE. All employment offers are contingent upon successfully passing a drug and alcohol test. Applicants who fail the initial drug/alcohol test cannot reapply for 3 months. All employees are subject to annual random drug testing and testing following any on-the-job injury and when a supervisor reasonably believes and employee is unfit for duty. In addition to random testing some positions are considered a Safety, Security-Sensitive position, which requires annual drug and alcohol testing. If an employee refuses to test or tests positive they will be terminated, in accordance with the policy set forth in the LCC Alcohol and Drug Free Workplace policy.</p>		
Signature of Applicant		Date

Supplemental page for Residence verification

Name		
Address (Street, PO Box)		
City	State	Zip
Dates lived at this residence:		

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City	State	Zip
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City	State	Zip
Dates lived at this residence:		

Supplemental page for employment history

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